

Testimony to the Appropriations Committee Regarding the Governor's Budget.

H.B. No. 6824 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND OTHER PROVISIONS RELATED TO REVENUE.

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I am most concerned that the Governor's budget that would defer the \$12 Million annual transfer from the Tobacco Settlement to the Tobacco and Health Trust Fund for two years. In addition, when the transfer is reinstated, it will reduce the funding by half to \$6 Million.

Tobacco use is associated with approximately 30% of all cancers and is the primary cause of approximately 85 % of all lung cancers. It continues to be the number one cause of preventable death in the United States. Since the historic national tobacco settlement of 1998, the tobacco industry has provided states with about \$116.3B, with Connecticut receiving about \$2B.

These funds helped many states to develop and implement comprehensive tobacco programs. There is conclusive evidence that tobacco prevention and cessation programs work to reduce smoking, save lives and save money by reducing tobacco-related health care costs, especially when part of a comprehensive strategy that also includes higher tobacco taxes and smoke-free workplace laws.

Studies have shown that California, which has the nation's longest-running tobacco prevention and cessation program, has saved tens of thousands of lives by reducing smoking-caused birth complications, heart disease, strokes and lung cancer. Between 1988 and 2004, lung and bronchus cancer rates in California declined nearly four times faster than in the rest of the United States. A February 2013 study in the scientific journal *PLOS ONE* found that, from 1989 to 2008, California's tobacco control program reduced health care costs by \$134 billion, far more than the \$2.4 billion spent on the program.

A December 2011 study in the *American Journal of Public Health* found that between 2000 and 2009, Washington state saved more than \$5 in health care costs for every \$1 spent on its tobacco prevention and cessation program by reducing hospitalizations for heart disease, strokes, respiratory diseases and cancer caused by tobacco use. Over the 10-year period, the program prevented nearly 36,000 hospitalizations, saving \$1.5 billion compared to \$260 million spent on the program. The 5:1 return on investment is conservative because the cost savings reflect only the savings from prevented hospitalizations.

While Connecticut has made progress in reducing overall adult cigarette use from 22.8% in 1999 to 15.5% in 2013, smoking rates and continued poor health outcomes have changed little for high risk populations including the poor, Medicaid clients, persons with behavioral health conditions and the undereducated – people who utilize more health care services at an exorbitant expense to our CT taxpayers. And the tobacco industry continues to create new products, some totally unregulated, to induce yet another new generation of youth to become addicted and dependent.

Currently, the THTF is almost the exclusive source of funding for CT's tobacco prevention and control efforts. While we receive approximately \$500M annually from the settlement and tobacco taxes, we invest a very small amount into tobacco prevention and control. Without continued financial commitment to funding the Trust Fund, there would be no State Quitline effort, counter-marketing media campaigns, smoking cessation programs in high risk settings, community-based prevention programs, and evaluation of the outcomes, success and cost-benefit of these efforts. This withdrawal of funding would cripple our already minimal efforts in tobacco prevention and control, would result in further lives lost to tobacco related cancer, would place us "last" on the list of states efforts for tobacco and cancer control in the US, and would result in a missed opportunity to leverage our investment to ultimately gain a 4 or 5:1 return on our investment in dollars saved through evidence based cancer control programs. I urge you to not adopt the Governor's budget option for the Tobacco and Health Trust Fund and to reinstate the current \$12 Million annual transfer.

Sincerely,

Andrew L. Salner, MD

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